APPLICATION FOR PLAN REVIEW



Please complete the following, as is applicable to the retail food establishment.

Owner/Corporation Information:	Engineer/Architect Information:
Name:	Name:
Contact Person:	Contact Person:
Telephone Number:	Telephone Number:
Mailing Address:	Mailing Address:
<u></u>	
Establishment Information:	
(Check one) New Construction Ex	xisting/Remodel Project#:
Establishment Name:	
Contact Person:	Title:
Establishment Telephone #:	
Establishment Mailing Address	
Establishment Street Address:	
Water Supply: Public Private	Sewage Disposal: Public Private
♦ If private, do you have approval from appropriat	te regulatory authority? YES NO
Hours of Operation:	Days of Operation:
Contents and Specifications for Facility and Operating Plans a	as required in Section 431 of 410 IAC 7-20:
(Please check items submitted for review)	
Intended menu (What do you intend to se	rve?)
Anticipated volume of food to be stored, prepared, and sold or served.	
Proposed layout, mechanical schematics, o	construction materials, and finish schedules.
Proposed equipment types, manufacturers performance capacities, and installation s	
	nsure compliance with ISDH Rule 410 IAC 7-20
Note:	
	egulatory authority for the proper review of the proposed ocedures for operating a retail food establishment.
Additional Information:	occurres for operating a ream root establishment
Comments:	
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	(Signature of Applicant)
	(Relationship to Project)
	(Date Signed)

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.